



New Hampshire Department of Agriculture, Markets & Food  
Animal Population Control Program

PO Box 2042  
Concord, NH 03302-2042  
(603) 271-3697

APPLICATION FOR  
NEUTERING A DOG OR CAT

INSTRUCTIONS

FOR APPLICANTS

- YOU MUST BE APPROVED BEFORE THE SURGERY.
- SEND ALL FOUR COPIES, WITH PROOF, AND A COPY OF YOUR DRIVERS LICENSE TO THE ADDRESS ABOVE.
- PAY CO-PAY DIRECTLY TO THE VETERINARIAN.
- WE WILL PAY FOR IMMUNIZATIONS AS AUTHORIZED BY RSA 437-A.

FOR VETERINARIANS

- VETERINARIANS MUST BE PARTICIPATING IN THE PROGRAM.
- APPLICATIONS MUST BE PRE-APPROVED BY ADMINISTRATOR.
- RETURN THE WHITE COPY WITH MONTHLY INVOICE.
- GIVE THE PINK COPY TO THE CLIENT.

Authorized under RSA 437-A:3, II. Any falsification of information shall be subject to an administrative fine of up to \$1,000 under RSA 437-A:6

PART 1 — CLIENT/PET INFORMATION

PLEASE BEAR DOWN HARD WITH BALLPOINT PEN

NAME OF PET OWNER (LAST, FIRST, M.I.)

HOME TELEPHONE NUMBER

MAILING ADDRESS

CITY & STATE

ZIP CODE

SOCIAL SECURITY # / CASE #

PROGRAM UNDER WHICH PET OWNER IS CLAIMING ELIGIBILITY:

- \_\_\_ 1. The Food Stamp Program.
- \_\_\_ 2. The Supplemental Security Income Program.
- \_\_\_ 3. The Temporary Aid to Needy Families Program.
- \_\_\_ 4. The Aid to the Needy Blind Program.
- \_\_\_ 5. The Medicaid or Healthy Kids Gold Program.
- \_\_\_ 6. The Old Age Assistance Program.
- \_\_\_ 7. The Aid to the Permanently and Totally Disabled Program.
- \_\_\_ 8. Income (call for guidelines).

YOU MUST SEND PROOF OF YOUR ELIGIBILITY WITH THIS APPLICATION.

\* Acceptable verification can include a copy of a Notice of Decision, Statement of Benefits, Medicaid or EBT card, or a computer printout from the Div. of Family Assistance.

Type of Pet	___ Female Dog	___ Male Dog	___ Female Cat	___ Male Cat
NAME OF PET (ONE PER APPLICATION)	BREED	WEIGHT	AGE	

THE APCP IS GENEROUSLY FUNDED THROUGH DOG LICENSE FEES AND VETERINARIAN CONTRIBUTIONS.

I HEREBY CONSENT TO THE PRE-SURGICAL IMMUNIZATION, IF REQUIRED, AND NEUTERING OF THE PET DESCRIBED ABOVE, AND ATTEST THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

BY SIGNING BELOW I ALSO AUTHORIZE THE DIVISION OF FAMILY ASSISTANCE AND/OR THE SOCIAL SECURITY ADMINISTRATION TO RELEASE INFORMATION REGARDING MY CURRENT ELIGIBILITY IN THE ABOVE PROGRAMS TO THE ANIMAL POPULATION CONTROL PROGRAM.

SIGNATURE OF PET OWNER

DATE

PART 2 — CERTIFICATION BY PROGRAM ADMINISTRATOR

SIGNATURE OF ADMINISTRATOR OF ANIMAL POPULATION CONTROL PROGRAM

DATE

PART 3 — VETERINARIAN INFORMATION, TO BE COMPLETED BY HOSPITAL

HOSPITAL/CLINIC NAME

PHONE NO.

BUSINESS ADDRESS

VACCINES GIVEN

DATE GIVEN

DATE NEUTERED

Co-Payment Received \_\_\_ Yes \_\_\_ No

I HEREBY ATTEST THAT NEUTERING AND IMMUNIZATION OF THE ABOVE ANIMAL WAS CARRIED OUT AS RECORDED.

SIGNATURE OF VETERINARIAN PERFORMING SURGERY (MUST BE PARTICIPATING IN THE ANIMAL POPULATION CONTROL PROGRAM)

DATE

SIGNATURE OF PET OWNER AUTHORIZING SURGERY

DATE